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APPLICANTS

Wayne Gerald Morley, Ipswich, UNITED KINGDOM;

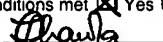
** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Verified and Acknowledged	 Examiner's Signature		Initials	UNITED KINGDOM	0	14	2

ADDRESS

UNILEVER INTELLECTUAL PROPERTY GROUP
 700 SYLVAN AVENUE,
 BLDG C2 SOUTH
 ENGLEWOOD CLIFFS, NJ 07632-3100
 UNITED STATES

TITLE

Food product

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit